VOTER NUMBER PARTY			
	Ward	DISTRICT	Ballot No.
CIVILIAN ABSENTEE BALLOT APPLICATION			
PRINT OR TYPE	NAME	Date of Bir	тн
STREET ADDRESS OR RD#			
Municipality Zip Code Phone I hereby apply for an absentee ballot for the (check one):			
☐ Primary ☐ General		-	•
☐ Other (specify)	_ to be held	d on(date	e)
ABSENTEE VOTER OPTIONS (Check any of the following that apply to you) A. □ I am permanently and totally disabled and wish to receive an absentee ballot for all elections to be held during the remainder of the calendar year. B. □ I am not permanently and totally disabled, but wish to vote only by absentee ballot in a general election. If you check off this box, you will automatically be sent an absentee ballot application for any general election until you request otherwise.			
Mail my ballot to the following address (if different from above):			
Street Address			
MUNICIPALITY	STATE	Z _{IP} (CODE
Sign your name as it appe	ears in noll l	nook	Today's Date
*Any person providing assistan	ice to voter in	completing this	
provide:NAME (TYPE OR PRINT)			
l IN	AME (TYPE OR PR	INT)	
	AME (TYPE OR PR	,	
Municipality	•	,	CODE
	STREET ADDRE	ss	Code
Municipality Signature of Assiste *NO CANDIDATE IN THE ELECTI	STREET ADDRE STATE OR ON FOR WHICH	SS ZIP (DATE S REQUESTING AN D MESSENGER.
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